

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318 Primary Registration District No. 1003 Registrar's No. 4035 -61-014939 STATE FILE NUMBER

AMENDED

FILED MAY 10 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. STATE Missouri b. COUNTY		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enterprise City Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2628 Missouri				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Grace Middle Blankenship Last						4. DATE OF DEATH Month April Day 27 Year 1961							
5. SEX Female		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-5-1921		9. AGE (last birthday) 39		IF UNDER 1 YEAR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Kentucky		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Johnnie Ragar				13b. MOTHER'S MAIDEN NAME Gladys Bogus				14. NAME OF HUSBAND OR WIFE Jessie Blankenship					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No						17. INFORMANT Address Jessie Blankenship 2628 Missouri							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of head, self inflicted DUE TO (b) In basement of home on 4-27-61 while DUE TO (c) suffering temporary mental aberration Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (State conditions related to the terminal disease condition given in PART I (a)) 976x								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See above									
20c. TIME OF INJURY Hour 1 a.m. 4-27-61 Month, Day, Year													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home				20f. CITY, TOWN, OR LOCATION St Louis, Mo				COUNTY STATE	
21. I attended the deceased from 845-A to 845-A and last saw her/him alive on 4-27-61 Death occurred at 845-A on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Johnnie Ragar						22b. ADDRESS 300 Cl...				22c. DATE SIGNED 4/27/61			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4-27-61		23c. NAME OF CEMETERY OR CREMATORY Local				23d. LOCATION (City, town, or county) Greenville Ky					
24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe 4700 Washington						25. DATE RECD. BY LOCAL REG. APR 27 1961		26. REGISTRAR'S SIGNATURE Neal Smith M.D.					

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Stanley H. Rippe
Licensed Embalmer No. 4193
P. O. Address St. L.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.